



THE CRUMLEY HOUSE BRAIN INJURY REHABILITATION CENTER

300 URBANA ROAD
LIMESTONE, TN 37681

CRUMLEYHOUSE.COM

(423) 257-3644

Name : LAST

FIRST

INITIAL

FULL-TIME
PART-TIME

POSITION

EMPLOYMENT APPLICATION

THE CRUMLEY HOUSE BRAIN INJURY REHABILITATION CENTER IS COMMITTED TO THE PROVISION OF EQUAL EMPLOYMENT OPPORTUNITIES TO ITS APPLICANTS REGARDLESS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR ANY OTHER CHARACTERISTICS AS PROTECTED BY LAW. THIS APPLICATION IS INTENDED TO ALLOW YOU TO PROVIDE OUR ORGANIZATION WITH INFORMATION FROM WHICH YOUR SUITABILITY FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING CAN BE DETERMINED.

FOR OFFICE USE ONLY

Date of Background Check/Fingerprinting: _____

Date Background Form Signed: _____

Date Cleared: _____

Date of Reference Check/Work Verification: _____

Date Started Work/Hire: _____

Date of Orientation: _____

Copy: Driver's License SS Card Diploma/Degree

THE CRUMLEY HOUSE JOB APPLICATION

DATE OF APPLICATION _____

NAME: _____
LAST
FIRST
INITIAL

MAILING ADDRESS: _____ HOME PHONE: _____
 _____ CELL PHONE: _____
CITY
STATE
ZIP

Email: _____

Position Applied For: _____ Date Available to Start: _____

Salary Expected: _____ Hours Available: _____

Shift Desired: 1st _____ 2nd _____ 3rd _____ Any _____

Education History	Please indicate: GED, Diploma, Degree	Year Graduated	Name & Location
High School			
University/College			
Other			

Employment History (Most Current First)	
Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employment Dates:	Salary/Rate of Pay:

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employment Dates:	Salary/Rate of Pay:

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for Leaving:
Employment Dates:	Salary/Rate of Pay:

Please list any Volunteer work you have done in the past 12 months:

**References (Please make sure that two people are not related to you)
Employees are asked to bring 3 reference letters to interview prior to employment.**

Name & Address	Relationship	Email
1		
2		
3		

Professional Certification

Certificate	State	I.D. Number	Expiration Date

Other states where formerly or currently registered: _____

Is your professional license currently suspended or revoked in any state? YES _____ NO _____

If yes, explain: _____

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? (A felony is defined as an offense punishable by imprisonment for a term of one year or greater.)

YES _____ NO _____

If YES, explain with date, charge, place and action taken: _____

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. I understand that my employment is not covered by an employment contract and that my employment can be terminated at any time by either party. I also understand that I will have a 90 day probationary period with The Crumley House.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reference Check (include staff initials): _____ Date Checked: _____

Comments: _____

Interviewer: _____ Date: _____

Comments: _____

Accepted _____ Not Accepted _____



Background Check Authorization Form

I, _____, give The Crumley House Brain Injury Rehabilitation Center permission to perform a background check prior to employment at their facility.

Signature of Applicant

Date